

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001720

1. Entity Name
OREGON PARTNERS NO. 17, LIMITED PARTNERSHIP

Principal Place of Business C/O BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698	Mailing Address C/O BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698-5522
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3522587	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M
101 EAST KENNEDY BLVD., STE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J14545 OREGON PROPERTIES, INC. 1123 OVERCASH DRIVE DUNEDIN FL 33602
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	100003291221--3 -06/15/00--01051--018 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	

FILED
00 MAY -1 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **4/28/00** **727-733-2585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #